MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH ___Registrar's No. 1189 _Primary Registration District Na 003_ Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before I PLACE OF DEATH A. COUNTY a. STATE MASSOUP . COUNTY VS 300 admission) AMENDED Rev. 4/59 c. CITY OR TOWN h. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1h Inside Limits St. Louis TÖWN St. Louis, Mo. Yes TI No TI c. FULL NAME OF (If NOT in hospital, give location) d STREET Inside Limits (If outside, give location) Reside on Farm ADDRESS 4400 S. Grand INSTITUTION Incarnate Wd. Hosp. Yes II No II Yes D No D 3. NAME OF DECEASED Middle 4 DATE Day l ast Year (Type or print) Dec. 1. 1963 Elizabeth. Eisentraudt DEATH 9. AGE (last birthday) | IF UNDER | YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married The Never Married 8. DATE OF BIRTH 5. SEX Months Widowed 1 Divorced | 6-4-1889 female white JOA, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if ratired) USA St. Louis. Mo. none FOLLOW 13a FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Lottie Montgomery George C. Keener 16. SOCIAL SECURITY NO. 17. INFORMANT St. LOUIS . Mediess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AS (Yes, no, or unknown) (If yes, give war or dates of Dorothy Cobb 4418a Minnesota. Q ARE 18. CAUSE OF DEATH (Enter only one cause per nne for (a), (o), and (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 CORD Hours NSTEAD DUE TO BY HUNGER TO BE Conditions, if any, which gave rise to above cause (a). stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal CERTIFICATION deceased Wat disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS □ Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. D.M. USE BLACK INK STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK IT **LYPEWRITER** SHOULD READ 7-15-56 12-1-63 21. I attended the deceased from a.m on the date stated above, and to the best of my knowledge, from the causes stated Death occurred a 22c. DATE SIGNED ច 22. SIGNATURE 22b. ADDRESS So Grand 6/vd. AFFIDAVIT 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) ġ St. Matthews Cem. St. Louis, Mo.

ADDRESS

burial

24 FUNERAL DIRECTOR Southern Fune 6322 S. Grand

ITEM

25. DATE RECD. BY LOCAL REG.

De ANDREW KLEIN. 46325 GRAND Fh. 3-9220 2 To 4 Today

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal supervision.		Signed Lauren O Lill
	Signature of Student Embalmer	1247
+ 😅 3	* ;	Licensed Embalmer No. 434
		P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

.1f this body is not embalmed, fact should be so stated above.